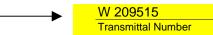
## **Enter your transmittal number**



Your unique Transmittal Number can be accessed online: <a href="http://www.state.ma.us/scripts/dep/trasmfrm.stm">http://www.state.ma.us/scripts/dep/trasmfrm.stm</a> or call DEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

## Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.	Α.	Permit Information					
		BWP IW 38	Industrial Sewer Connection				
		Permit Code: 7 or 8 character code from permit instructions		2. Name of Permit Category			
		Discharge Industrial Wastewater to Se					
		3. Type of Project or Activity					
2. Make your							
check payable to the Commonwealth	В.	B. Applicant Information – Firm or Individual					
of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.  3. Three copies of this form will be needed.  Copy 1 - the		Greater New Bedford Regional Refuse Management District					
		Name of Firm - Or, if party needing this approval is an individual enter name below:					
		2. Last Name of Individual	3. First	3. First Name of Individual		4. MI	
		300 Samuel Barnet Boulevard					
		5. Street Address		00745	500 700 5004		
		New Bedford	MA	02745	508-763-5924	40 Fat #	
		6. City/Town Hank Van Laarhoven	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
		11. Contact Person		12. e-mail address (op	ional)		
original must		11. Oontact 1 cison		12. C mail address (op	ional)		
accompany your	$\overline{c}$	C. Facility, Site or Individual Requiring Approval					
permit application.  Copy 2 must	U.						
accompany your		Crapo Hill Sanitary Landfill					
fee payment.							
Copy 3 should be retained for your records		2. Street Address					
		Dartmouth	MA		508-998-5674		
A. Dath farmandan		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
<b>4.</b> Both fee-paying and exempt		SL0072.003	• •	o. <u>_</u> .p oodo	o o.opo	,	
applicants must		8. DEP Facility Number (if Known)  9. Federal I.D. Number (if Known)  10. BWSC Tracking # (if Known)					
mail a copy of this							
transmittal form to:	D.	D. Application Prepared by (if different from Section B)*					
DEP	Brown and Caldwell						
P.O. Box 4062 Boston, MA 02211  * Note: For BWSC Permits, enter the LSP.		Name of Firm Or Individual					
		151 Campanelli Drive, Suite B					
		2. Address					
		Middleborough	MA	02346	(508) 923-0879	1413	
		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
		Samuel G. Chapin, P.E.					
		8. Contact Person 9. LSP Number (BWSC Permits only)					
	E Danneit - Duningt Opendingtion						
	E. Permit - Project Coordination						
	1.	<ol> <li>Is this project subject to MEPA review? ☐ yes ☒ no</li> </ol>					
		If yes, enter the project's EOEA file number - assigned when an					
	Environmental Notification Form is submitted to the MEPA unit:						
	EOEA File Number						
	F. Amount Due						
DEP Use Only	Special Provisions:						
5 "11	1.						
Permit No:	2.	There are no fee exemptions for BWSC permits, regardless of applicant status.  ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).					
Rec'd Date:	3. 4.	☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c). ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10). ☐ Homeowner (according to 310 CMR 4.02).					
Reviewer:							
		Check Number Doll	ar Amount		Date		